Tips

Press TAB to go to next field, or use mouse to position cursor in desired field, and click to enter text.

Press SHIFT + TAB to return to previous field.

You can select the page you wish to view or work on by clicking on that page in the "Bookmarks" panel on this window's left panel.

Notice

If you have Adobe® Acrobat® Reader® versions 4.0 or 5.0, you can save a blank form to your computer, which you can fill out at your leisure.

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State of New Jersey
Department of Labor
Office of Special Compensation Funds
P O Box 399
Trenton, New Jersey 08625-0399

Report of Non-Compliance

Form SCF-528 (9/1999)

The Report of Non-Compliance may be used by any individual organization to report allegations of failure on the part of any employer operating in the State of New Jersey to provide for the protection of its workers by maintaining workers' compensation insurance or obtaining authorization to self-insure.

The following employing entities are required, by law, to maintain workers' compensation insurance coverage or to obtain authorization to self-insure:

- All corporations, regardless of type, operating in New Jersey, that compensate any one or more individuals, **including corporate officers**, for services to the corporation.
- All partnerships operating in New Jesrey that compensate any one or more individuals, **other than partners**, for services to the partnership.
- All sole proprietorships operating in New Jersey that compensate any one or more individuals, **other than the principal business owner**, for services to the business.

"Compensation" means any remuneration for services and includes cash or other remuneration in lieu of cash, such as products, services, meals and/or lodging. "Individuals" means all persons including family members, minors and persons working full- or part-time.

*Required Information

Business Name* start typing here

Name(s) of Principals

Street Address/P O Box

City State* NJ Zip Code* Telephone*

Nature of Business Number of Employees

Last Date Insured Carrier Policy #*

The following information is optional – Please see note on following page.

Your Name Organization

Address Telephone Fax

Please submit this form to the address above. Thank you.

Important Note on Release of Information

The Office of Special Compensation Funds will accept and investigate allegations of non-compliance from anonymous sources. Therefore, while it would be helpful if further information is required in our investigation, it is not necessary for you to complete information about yourself at the bottom of the *Report of Non-Compliance.*

As investigations initiated by the *Report of Non-Compliance* may lead to civil and/or criminal action against the reported employer and/or others, the Office of Special Compensation Funds may be legally required to release a copy of the original *Report of Non-Compliance* to the reported employer or other parties and/or their legal representatives. In such cases, all information provided on the *Report of Non-Compliance*, including any information that you provided on yourself, must be released.